



O R E G O N

MARION COUNTY BOARD OF COMMISSIONERS

# Work Session Summary Minutes

## Co-Response Model with Salem Fire Proposal

November 4, 2025. 1:30 PM  
Courthouse Square, 555 Court St. NE, Salem  
5th Floor, Suite 5232, Commissioners Board Room

### ATTENDANCE:

**Commissioners:** Danielle Bethell, and Kevin Cameron.

**Board's Office:** Trevor Lane, Jon Heynen, Chris Eppley, Heather Inyama, Toni Whitler, and Matt Laywer.

**Legal Counsel:** John Pettifer.

**Health and Human Services:** Debbie Wells, and Ryan Matthews.

**Sheriff's Office:** Nick Hunter.

**Salem Reporter:** Joe Siess.

Commissioner Danielle Bethell called the meeting to order at 1:33 p.m.

### **Discussion**

- Revisited a proposal for a program between Salem Fire and Marion County Health and Human Services:
  - Originally discussed on August 6<sup>th</sup>, 2025.
- Review Salem Fire Proposal:
  - Named Community Assistance Response Effort (CARE):
    - Planned as a six-month initiative.
    - Focus exclusively in the downtown "Station 1 bubble" response zone.
  - Have a paramedic, an Emergency Medical Technician (EMT), and a Qualified Mental Health Associate (QMHA).
  - The City to fund medical roles, and the County to fund the QMHA position.
  - Core aims include:
    - Reduce strain on emergency services and high utilizer calls of 911.
    - Field-based behavioral health and de-escalation support.
    - Substance use disorder interventions:
      - Buprenorphine/Suboxone administration.
    - Divert from emergency departments (ED) to appropriate resources:
      - Behavioral Health Crisis Center (BHCC) and Navigation Center.
  - Operate a 40-hour work week, leveraging data on peak call times.
  - City will provide vehicle support (Suburban) and medical equipment.
  - Confusion over "CARE" name, as a separate "CARES" initiative exists locally.
  - QMHA must actively engage in outreach:
    - Not only stationed for emergency calls—to maximize value.
    - Position is exclusively taxpayer funded.

- Zone and responsibilities are tightly defined for efficient, actionable data collection and to assess scalability.
- Marion County Health and Human (MCHHS) Services Funding Proposal:
  - Funding the QMHA will derive from opioid settlement funds:
    - Over \$4.6 million currently available.
    - Excluded other earmarked distributions.
  - Projected cost analysis includes:
    - Salary.
    - Benefits.
    - Administrative overhead:
      - Estimated at \$40,000 of the \$108,000 annual position.
    - Accounting for IT.
    - Facilities.
    - Indirect departmental support.
  - Financial modeling allows partial reimbursement via fee-for-service:
    - Depends on claim eligibility and client consent.
    - Bulk will be sustained by dedicated settlement funding.
  - Administrative efficiency:
    - Monthly adjustments to cost allocations standard due to changing Full Time Equivalent (FTE) and department coding requirements.
  - Provisions include flexibility to adapt staffing as call or client needs evolve:
    - Possibility to redeploy qualified staff into other service areas if the immediate objectives are rapidly achieved.
  - Proactive engagement with high-utilizer populations and structured follow-up.
  - Hope ongoing employment/support roles will emerge for QMHA's beyond initial pilot:
    - Depending on results.

#### **Other:**

- Navigation Center's function and utilization was scrutinized:
  - Confusion around bed availability.
  - High-barrier policies:
    - Behavioral expectations.
  - Contract limitations affecting who can be served.
- Review contracts between Navigation Center, Sheriff's Office, and Health and Human Services:
  - Understand emergency bed usage, data-sharing, and partner agency access.
- Coordinated follow-up for those moved in different pieces of crisis care continuum:
  - Link together CARE, Crisis Response Team (CRT), Law Enforcement Assisted Diversion (LEAD), community providers, and shelters.
- Appropriateness and timing of medical versus behavioral response:
  - Legal liability in custody transfers, and telehealth support for on-scene assessments.
- Shift structures (e.g., 4x10 hour days) and impact of staffing on flexibility:
  - Concern over overlap among crisis teams.
  - Managing efficiently within narrow zone.

#### **Next Steps:**

- Secure up-to-date usage statistics and outcomes from the Navigation Center:

- Clarify contract language regarding accessibility of 15 crisis beds and legal requirements for access.
- Share and review Navigation Center contract materials with all core stakeholders:
  - Include Health Department and Sheriff's Office.
  - Clarify practical requirements for behavioral support in the shelter setting.
- Outreach to law enforcement leadership to get input on operational details:
  - Collaboration and feedback shaping pilot through phases.
- Develop detailed Memorandum of Understanding (MOU) that defines:
  - Roles.
  - Response conditions.
  - Expectations for collaboration.
  - Procedures for addressing legal liability.
  - Safety assessments in the field.
- Schedule regular pilot progress checkpoints with presentations:
  - Include Salem Fire/Police leadership.
  - Review lessons.
  - Measured outcomes.
  - Needed adjustments.
- Identify primary and backup QMHA/medical staff for uninterrupted operation:
  - Consider interim stipend/overtime plans for early launch support if needed.
- Track and analyze metrics:
  - Call volume diverted from EMS/fire.
  - ED avoidance.
  - Link to community behavioral health.
  - Distribution and utilization of Navigation Center/crisis center resources.
  - Client outcomes.
  - Potential cost savings.
- Develop system for data-sharing on client outcomes with partner agencies:
  - Especially for individuals served by multiple programs.
- Formalize cross-agency communication protocols so no one "falls through the cracks":
  - CARE, CRT, LEAD, shelters, and hospital partners.
- Use outcomes from first phase to inform decisions:
  - Potential expansion, role adjustment, or additional team staffing.

**Adjourned** – time: 2:19 p.m.

**Minutes by:** Mary Vityukova

**Reviewed by:** Gary L. White